

CLAIMS ONLY		Application Number	Filing Date
		10/685990	
		Applicant(s)	

10/685990

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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50						
Total Indep	3					
Total Depend	11					
Total Claims	14					

May be used for additional claims or amendments

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						